Connections

News About Tennessee's System of Care for Children With Serious Emotional Disturbance and Their Families

"Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them."
Dr. Satcher

Service Highlights

Every community is unique. The principles for a system of care have been incorporated in Cherokee Health Systems approach. The following article by William Allen, Ph.D., Vice President, Children's Services, Cherokee Health Systems demonstrates a creative approach to meet a communities needs.

Integrated Health Care Improves Quality, Effectiveness, and Efficiency in the Pediatric Clinic

When a child faces any type of health problem, it impacts every area of the child's functioning. Whether it is diabetes or depression, the child is impacted physically, emotionally, educationally, socially, and spiritually. Treating the problem effectively requires treatment for the whole child. If we think of the child as an integrated system, then health care should be provided by an integrated system.

At Cherokee Health Systems, our multidisciplinary team provides comprehensive health care, which involves different providers carrying out parts of an integrated plan. This ignores the imaginary boundaries between physical and mental health. Integrated care combines the forces of physicians, psychologists, social workers, school psychologists, developmental specialists, dentists, physical therapists, and others. This team is able to address a broad spectrum of issues that patients typically bring to the primary care provider. Quality of care is improved when an integrated team treats health problems comprehensively.

Most children who have behavioral and emotional problems first show up at the pediatrician's office. In this setting,

Integrated Health Care continued

even if the primary care provider screens for emotional problems, getting the child and family into treatment is fraught with barriers.

There are waiting lists, insurance issues, paper work demands, and communication blunders that can be overwhelming. If a child receives mental health care, there is usually little communication between physical and mental health care providers.

Emotional development is impacted even if the child faces a problem that is considered strictly "medical". To successfully treat any health care problem we must teach coping techniques while we modify behavior and thoughts. Improved coping skills can help the child and family deal with the ailment and the treatments, often leading to a better response to treatment. In many conditions, from obesity, to diabetes, to irritable bowl syndrome, we must modify eating and activity patterns, maintain medication and exercise habits, create expectations about the course of treatment, and assist with strong feelings of fear, sadness, anger, and worry.

"No other illnesses damage so many children so seriously."
The National Advisory Mental Health Council's Workgroup on Child and Adolescent Mental Health

In an integrated care setting, the team routinely screens all children for emotional, behavioral, developmental, and stress-related problems. This allows the team to identify problems earlier, when they are more successfully and more efficiently treated. Using one team to provide the entire range of services facilitates treatment. Many of the barriers are eliminated when the child is treated in a holistic, integrated fashion.

Integrated Health Care Continued

When health care services are coordinated, care is more intensive and cost effective. Symptoms are more likely to improve. Health care providers are more satisfied as they are able to work and communicate with one another in a timely manner.

A common example involves a child who sees the physician because of vague stomach and head pains, as well as irritability and oppositional behavior. During the initial appointment, the child sees a counselor and a physician, who together identify the range of contributing biological, psychological, and social factors. It becomes clear that treatment planning address the child's stressors and emotional responses to his health. The family is engaged in a comprehensive treatment plan; before they leave, they have an appointment, with the physician and with a counselor for more in-depth discussion. As the therapist works with the family, the physician is informed about emotional issues and progress, as well as considering any medical issues. The original symptoms can be treated at the source, leading to faster and more complete symptom relief. The child has been treated as he or she presented, as a whole person.

The integration of care does not occur automatically. It takes strong multisystemic support. Everyone, from receptionists to high level administrators, must be actively engaged in the integrated care model. The process of integrating care requires extensive research, planning, training, and trial-and-error practice. It takes blending the cultures of a wide variety of professions. It takes diligent financial wrangling. It takes determination, a lot of thought and effort, and the ability to question current thinking. However, the benefits of integrated health care make the journey worthwhile!

Keys To Understanding the Values

For A System Of Care

In the first issue of "Connections" we stated that each issue would provide more information about the values and principles of a system of care. The following will highlight the three core values, Child-Centered and Family Focused, Community Based and Culturally Competent.

Child-Centered and Family Focused

One size does not fit all when buying clothes or when planning services for children with serious emotional disturbance. Services may fit into larger categories, e.g., individual therapy or day treatment or outpatient counseling. However, it is the details of the service that determine how effective it will be for a specific child.

The details that go in to the making of a garment make the difference between a good fit or a poor fit. So it is with a service plan. Services that fit the child will be used and will be effective. Given a choice, most people will not purchase a garment that does not meet their needs. Purchases based solely on price are usually not worn or are quickly discarded. Likewise, price alone in not cost-effective when making service decisions for children with SED.
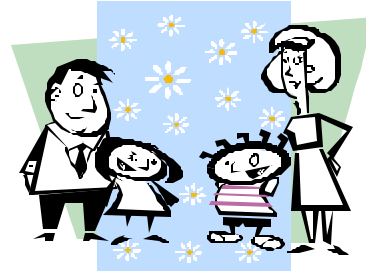
The above analogy illustrates the importance of planning services and service details that will meet the needs of the child and are, therefore, child-centered. Some of these strategies include the following:

- Ensure that all planning occurs with the child's caregivers being present. When children are in state custody, this may include birth parents if the permanency plan returns the child to their care.
- Include the child in all planning meetings as appropriate for age and capabilities.
- Schedule planning meetings that are convenient for caregivers, including evenings and weekends.
- Ask caregivers and children what they think their needs are, what services they would find most helpful and what is the best way in which those services should be delivered.
- Ask the caregiver and the child what their individual and family strengths are and how these can be used in the treatment plan.
- Encourage the caregivers to engage in the planning process with a voice equal to the professional voice. Initially, the caregiver may need education and support to be able to participate. Professionals may need training to help them listen to caregivers.
- Consider the culture of the child and family and make necessary adjustments in the planning process and service plan to accommodate needs based on family customs and cultural values.
- Take the time to explore with the child and family the connections that they have or would like to have with extended family, friends and community. Incorporate these informal supports and services into the child's service plan.

The goal of systems of care is that children with serious emotional disturbance will be able to have their needs met and live in homes in their community. The needs of these children

are so complex that their families need help from many: extended family, friends, community and professionals.

Child Centered Family Focused continued

A true system of care affirms the value of the family for the child by seeking ways to assess caregiver/family needs and to link the family with resources and services that will enable them to take care of their child in their own home and community. This is what is meant by **family-focused.**

> "Federal, state, and local governments should ensure that families and other caregivers, as well as youth, are full partners and have substantial involvement in all aspects of service planning and decision making for their children at federal, state and local levels." National Advisory Health Council

Community Based

The intent of the term "community-based" is that children will receive services in their own community while they remain in their own home. In this sense, services are delivered in home, in the school, at a provider office or in another public meeting space, such as a church. However, it is important to realize that sometimes when children need in-patient hospital service, that these services too, are best provided when the hospital is in or near the child's community, permitting on-going contact with family and other support networks.

Another issue related to the term "community based" relates to the management of the service system. In her landmark book, Creating Systems of Care in a Changing Society, Beth Stroul states, "The notion of a community-based system of care extends beyond the actual services and includes the control and management of the system. Decisions about the mix of services to be offered, service coordination and use of resources should be made at the community level…this encourages communities to accept responsibility for serving their youth." Current system of care research indicates that the most successful community-based service systems involve a partnership between state and local government, and between public and private sectors.

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Culturally Competent

The third core value in a system of care philosophy is" services need to be responsive to the cultural, racial, and ethnic differences of the populations they serve". Most providers and agencies have not addressed the barriers and value differences that are encountered by minority populations. With the rapidly changing demographics in Tennessee, it is crucial that an emphasis on appropriate delivery systems be addressed to meet the needs of all persons in our state. Children and their families need to receive service within their own unique context.

Cultural competence is a critical value for an effective service delivery system, as such; the next issue of Connections will be solely devoted to this value.

On Line Resources about Children's Mental Health

Parents Planet, general parenting information
www.parents-planet.com
National Mental Health Information Center
www.mentalhealth.org
Family advocacy and support in Tennessee
www.tnvoices.org
Georgetown University, children's mental health information
http://gucdc.georgetown.edu
University of Florida, children's mental health information
http://rtckids.fmhi.usf.edu
Resources for fathering
http://www.fathering.org
National Latino Children's Institute
http://www.nlci.org
Information on children with Bipolar Disorder
http://bpkids.org

Promote Systems of Care In Tennessee